

District Nursing

February 1961 No. 11 Vol. 3

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BOTH the care of the mother during the ante-natal period and the advice she receives at the infant welfare centre have a life-long effect upon her child.

Correct care, including prophylaxis, during the first few years of life, safeguards a child against many of the ills which are liable to attack him. But in the last two years, a chink has widened alarmingly in the protection against diphtheria.

Ministry of Health returns for the years 1953 to 1959 show that although nearly three-quarters of the children under fifteen in England and Wales have been immunised at some time, *less than half* have received reinforcing immunisation. Only these can be regarded as adequately protected.

The trouble is that over the past decade many have apparently come to regard diphtheria as an illness of the past. Blackburn's medical officer of health underlines this in his latest annual report: "After the immediate post-war propaganda attack on this disease resulting in widespread immunisation, there has developed an attitude of *laissez faire*, a tendency to rest on one's laurels. This has been furthered by the continued absence of the disease so that it has become a rarity".

One consequence of this is that many nurses have only theoretical knowledge of diphtheria, and therefore cannot draw on first-hand experience of its horror when trying to teach mothers the importance of protecting their children. Not that we advocate frightening a mother into action, but in the last resort a graphic reference to what *her* child could suffer may be justified.

The present learns from the past. Senior public health nurses would do well to share their knowledge and experience with younger colleagues, so that all mothers and children may benefit. The public health team has done invaluable work with prophylaxis; it is essential that members should continue to do their utmost to ensure one hundred per cent protection for the children of this decade.

*'To have a real effect on raising standards of wellbeing,
it is necessary to educate people
in ways which ensure good health can be maintained'*

Health Education in Buckinghamshire

by **NIGEL MIDDLETON**

County Organiser for Health Education

DR. G. W. H. Townsend, the county medical officer for Buckinghamshire, saw in the National Health Service Act of 1946 an instrument that could help to meet some of the social needs through group education. To implement his idea he was able to make an innovation which was to be an example to the rest of the country: the appointment of one of the first health education officers in Britain.

Health is concerned with people and largely results from what they do. To have a real effect on raising standards of wellbeing, it is thus necessary to educate people in ways which ensure good health can be maintained. If the conviction of good health habits is in the minds of people, then they will do the right things and, what is more important, keep on doing the right things. Moreover, they bring up their children to similar habits.

The county was fortunate to secure in this key appointment Miss Ruth Coulthard, a person of wisdom and wide experience in health visiting. I never met her, but following in her footsteps I have come across many traces of her influence, advice she has given, practices she advocated or her sayings of rare understanding. She must have been extremely able and blessed with an unusual breadth of vision and tolerance.

In the years after the war when the progressive ideas were stirring everywhere, there was a great demand for advice and teaching on a wide variety of subjects including health. Health visitors, the main field workers with responsibilities for health education, were encouraged to meet the demand by group teaching in child welfare centres and in the evenings. These groups were made up of mothers who were willing to spend extra time in dis-

cussing health problems. During the winter months when darkness cut short the time spent at the child welfare clinics, some continued to meet because their members were so enthusiastic.

There were many early difficulties: some health visitors found group teaching difficult, but following in-service training, many discovered a gift for teaching and making visual aids. Other members of the health team joined in with this group teaching including medical officers, district nurses and dental officers.

During the winter of 1949 two of the groups wished to continue their meetings on a firmer basis, for they wanted to go beyond the small amount of knowledge which had been the initial object of calling the groups together. These two groups, Great Kingshill and Wolverton, situated at opposite ends of the county, gave Miss Coulthard the opportunity of building them into a more permanent organisation for instruction in health matters.

The Mothers' Clubs

To Great Kingshill goes the honour of being the first of the Buckinghamshire Mothers' Clubs, shortly followed by Wolverton. Both these clubs are still active. The need for further instruction was real and general; all the other clubs were formed as the need became evident through the years.

Once the clubs were on a more permanent basis they were able to arrange for a variety of speakers on health subjects. All members of the county health department professional staff were, and still are, called into service, from the county medical officer downwards, hence a growing number of talks has been made to meet the demands of the clubs.

Although formed around the child welfare centres, the scope of teaching has been very wide on the instructions of the county medical officer. The clubs have been encouraged to have a high degree of independence, although the guidance of the health visitor with the general programme and policy of the club is essential. Many clubs still need much support from her if they are to function efficiently. In addition, many health visitors give much of the actual instruction.

There is no set form of constitution. To obtain the backing of the health department, all that is required is that membership be restricted to mothers of at least one child under school-leaving age, and that seventy-five per cent of the activities be concerned with health education. Many of the early clubs are still going strong, although there have been some casualties. The policy has been to let clubs drop out where local support has dwindled.



*From the colour filmstrip, Dressing Baby, by courtesy of Camera Talks
Miss Ruth Coulthard, Buckinghamshire's first health education officer,
teaching a group of young mothers*

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The movement is still growing and appears to meet the needs of the sixties just as it has those of the past eleven years. The present tally is thirty-one clubs, two of which were added to the list in 1960. The clubs have developed along individual lines, reflecting the characters of health visitors, the emerging club leaders and local conditions. Even the names of the clubs vary to include among the list a Wives and Home Club. Each club has its own particular outlook and characteristics, easily recognisable to those who visit them.

From the outset the liveliness of the groups was evident. When a series of eliminating quizzes on health topics was organised in 1949, the response was great and the final bout was held in Aylesbury.

Founder Members Explain

These quiz competitions were a feature of the early clubs and child welfare centres. The certificates awarded to winners are still in evidence on the walls of the halls where the present clubs meet. Long-term members are not lacking to explain their significance to new members.

Out of these competitions grew the annual club rally. The venue is varied each year to give each area of the county a chance to be host to the rest. Pride in the movement is shown by the rivalry between the areas to excel in the amenities and refreshments offered to the delegates from visiting clubs. The rallies now are most ambitious and planned for months ahead by a standing committee drawn from the clubs of the host area.

The high-light of the movement was in June 1959 when an exhibition to mark "Ten Years of Health Education" was opened by H.R.H. The Duchess of Kent. Each of the mothers' clubs presented a tableau representing one topic of health education. In 1960 Uncle Mac of the B.B.C. was the guest of honour at the rally held in Bletchley.

The value of the clubs is difficult to define. Anyone who has addressed several of them cannot help but be struck by the poise, the excellent taste in dress and make up, the lively response in discussion, as well as the business-like but informal atmosphere in which meetings are held.

This, I am sure, is partly a result of club membership. There is every evidence, too, that many ideas are exchanged among members concerning holidays, school facilities and the like. The problem of one member is discussed in the light of the experience of all. Much mutual help and friendship has grown up through the clubs. To a woman arriving strange to a new area they are a boon. She has only to attend a few meetings to have made local contacts and new friends.

In many cases it may well be they are also a step in emancipation for some wives; it has been accepted gradually in hundreds of families in the county that such and such a night is the evening when mother goes off to her club and father is expected to mind the house. It is possible to make too much of the night out away from the home, but I think it has value in understanding the place of the clubs in the life of the members. Many of the clubs have special occasions when husbands are welcomed. Their views on the clubs are interesting. They usually feel



A stand on food hygiene at a one-day course for school meals staff held recently in Aylesbury: the teaching points are few and clear. Pictures and lettering by the art department of High Wycombe College of Further Education

that the evening out and the social contacts which are part of the club life have widened their wives' horizons.

What of the members, what feeling do they have for the clubs? There is the social appreciation of contact with their own kind, but there is usually another deeper, more subtle feeling. Some of the most important health teaching is still that given by professional staff to the individual mothers in their homes on particular problems. This has given rise to a great feeling of confidence in the professional staff which extends to the clubs. The mother's own confidence increases as her knowledge grows. It is not too much to claim that such contacts have given higher standards and greater aspirations. Life for the club members and their families has been extended; they want more out of life and they have ideas of how to satisfy their new needs.

It must not, however, be thought that Mothers' Clubs are the only sphere in which health education has made progress. It was the first main effort but much steady work was soon being done in other fields.

Talks Grow More Popular

A policy of making speakers available to all bodies who would supply an audience, gradually built up a growing response from the public. Typical bodies who requested this kind of instruction were the Women's Voluntary Service, Townswomen's Guilds, parent groups attached to schools, Women's Institute, Rotary Clubs and societies affiliated to religious bodies. The limiting factor to this type of education has been the number of staff available, but figures show the growing demand. Organisations having once sought a talk on health invariably come back for more, and they also seem to spread the need among their friends. The number of talks given in 1957 was 1,686, in 1958 1,834, and 1959 passed the two-thousand mark with 2,038 talks.

In 1951 another extension of the teaching was begun with the education of the young mother-to-be through relaxation and mothercraft classes. The groups were kept

small so that frank discussion was possible. The health visitor and district nurse/midwife or the midwife from the local hospital generally co-operated in running these groups, and to Miss Coulthard must go some of the credit for this. Now all kinds of modern teaching aids, including film strips, flannelgraphs, charts and other demonstration material, have been used to put over the facts of pregnancy, the birth process and the early needs of a small baby, to women of a wide range of intelligence.

Antenatal groups are normally held weekly, for a six- or eight-week course. In 1956 evening sessions were begun for husbands and wives using a film, *My First Baby*, when the wife had completed her course of mothercraft classes. The response by the husbands has been universally good, showing this to be an obviously popular and progressive step. Many couples have commented on its value to help them have a common understanding of an important family event.

Senior School Girls

Another part of the section's work has been teaching in schools chiefly to senior girls. The topics dealt with are parentcraft, first aid and personal hygiene. The success achieved in the schools where regular instruction has been given is most satisfactory; the groups work well and enjoy participation in demonstrations. The difficulties which limit the extension of this work are obvious but in view of the increasing tendency for early marriage this side of the work assumes growing importance.

Last but not least is the exhibition work of the health department. This can be very time-consuming in prepara-

tion, but can also be most rewarding. The most recent successful show was the Dental Health Exhibition held at Stony Stratford in the north of the county in September 1960. The material was arranged in a school hall with four main teaching points. The impact of the stands was implemented where possible by a talk and a film show. This bombardment of the individual by six different teaching methods, each showing one facet of the subject, had a great effect. The exhibition was used as the centre for meetings of adults and school-children, all of whom were given "the full treatment" to persuade them to dental health.

Besides this, many smaller exhibitions are carried out to meet the needs of the health department or allied organisations. These may be part of a larger show organised by a sponsoring body.

It does not require more than a word in passing to list the more routine services provided such as supply and projection of films and film strips, visual aids of all types, literature either printed by national bodies or prepared by professional staff to meet a particular need. The policy is to give a readily available supply and service of suitable teaching aids for all the usual topics of health education. The use of in-service training to raise the standard of staff is also an occasion when the health education section comes into action.

It is a necessity of any human activity that it must fulfil a need, or it will never take place; we are too idle to indulge in what is useless. This is true of education and health education in particular. Unless there is a community call for the teaching, any efforts on the part of the educators will be largely wasted.

Minister Visits Croydon Nurses on a see-for-himself tour

THE Minister of Health spent a day in Croydon last month accompanying health and welfare officers on their rounds and into a number of homes. Mr. Powell wished to "see for himself" and to gain first-hand knowledge of the local authority health and welfare services in their day-to-day work.

Having asked to see two patients of Croydon D.N.A., one being nursed under the best possible conditions and one under the worst possible conditions, Mr. Powell first accompanied a district nurse visiting a patient with disseminated sclerosis. The patient, who had been on the books for ten years, was very well looked after in good home conditions.

The Minister then went with a student district nurse to a widow of nearly ninety, who had needed nursing for sixteen years following a stroke. A near-imbecile son, who was not able to work, looked after her. They lived in old council property, and pensions formed their only income.

Mr. Powell chatted to nurse and student, asking them how many cases they had. He commented on the small number cared for by the student, who explained that she "only counted as half". At the Croydon home, the

Minister was shown round by the superintendent, Miss Dickinson, the chairman of the D.N.A. and Croydon's M.O.H.

Visits with a home help, health visitor, mental welfare officer, blind instructor and the meals-on-wheels service, and to a craftwork centre and old people's home, completed the day. A week later, Mr. Powell made similar visits in East Ham.

We applaud these visits, which give further evidence that the new Minister is not content to direct the health service from behind a desk in Whitehall.

Central Sterile Syringe Supply

Croydon is one of the few district nursing services using a central sterile syringe supply. The D.N.A. orders syringes for all domiciliary midwives and health visitors, as well as for the district nurses. A commercial firm in Welwyn Garden City delivers and collects twice a week. Authority (which is imminent) for the use of disposable syringes for infectious cases will mean that the only syringes sterilised on the district will be those used by students.

The third of four articles on district nursing and allied services in Australia, where the twelfth quadrennial congress of the International Council of Nurses takes place in April

Outback Nursing and the Royal Flying Doctor Service



by **GEORGE SIMPSON**, O.B.E., M.B., B.S., A.R.C.O.G., M.R.C.P.

This article was written for us shortly before Dr. Simpson's sudden death last November. Dr. Simpson made the first flight of the Royal Flying Doctor Service in 1927. At the time of his death he was honorary medical adviser to the Australian Inland Mission and honorary secretary to the Federal Council of the Royal Flying Doctor Service of Australia

IN the pattern of settlement which has evolved in Australia there are three zones, in each of which a distinctive nursing service has developed—the suburban areas surrounding big cities, the urban or country areas, and the outback.

The district nursing service is highly developed in suburban areas. In country districts the Bush nursing hospitals and centres provide adequate nursing and medical cover.

In the outback, where distances are great and communication difficult, nursing is provided by missionary organisations, chief of which is the Australian Inland Mission of the Presbyterian Church. The Bush Church Aid Society of the Church of England provides a hospital and nursing service, which includes a flying medical service, in an area of South Australia extending from Ceduna. In the parts of the north where there is still a separate aboriginal population there are many missions to these people; at most is a nursing sister.

On the edges of the outback and at some isolated "cross roads", towns were established in the early days; some served gold fields, now worked out; some are at the ends of inland railways or on the coast. These towns have altered very little with the years, and in many there is a small government-subsidised hospital, but no doctor.

The sister in charge of all these small hospitals is one of the most important persons in the nursing sphere. She has great responsibility; she must have resource and ability. She is honoured, respected and loved by her little community, but her work is largely unnoticed by the outside world.

When the first Bush nursing centre was established at Beech Forest in Victoria in 1911, the Rev. John Flynn was stationed there as a home missionary of the Presbyterian Church. He was tremendously interested and a great help in getting the new idea established. He was himself influenced.

In 1912 John Flynn was appointed first superintendent of the Australian Inland Mission and set about establishing a nursing service in the outback. His objective was to have a small hospital staffed by two nurses at strategic inland centres, so that there would be one within a hundred miles of every settler.

The area set apart for his organisation was known as the inland and comprised two thirds of the continent of Australia, all the sparsely settled area.

At one time there were thirteen A.I.M. hospitals, but as time passed some became community hospitals, as population increased, and others closed as the pattern of settlement altered. Today there are eight.

The objective was to establish nursing and social centres for healing and comfort of body and soul, and, in particular, to bring amenities and make life easier for the pioneering women who were venturing into the outback areas—to make home life possible.

John Flynn realised that a nursing service was not adequate without available medical aid. Many cases reaching his hospitals in the early days could not be helped because no doctor could be obtained. There were then very few doctors in the two million square miles served by the Australian Inland Mission.



Sister watches the flying doctor examine a native child at a remote mission station



The flying doctor greeted on arrival at a station air-strip. The R.F.D.S.A. now has its own planes

From about 1917 John Flynn began to think of a flying doctor and radio to bring to his nurses the contact with doctors which is an essential part of an effective nursing service: combination of medicine, nursing, aviation and radio in a co-ordinated service.

The early progress was slow as many problems had to be overcome, but in 1928-29 the first flying doctor base and radio station was established at Cloncurry, Queensland. Outpost pedal radio sets were built and three A.I.M. hospitals, Victoria River Downs, W.A., Birdsville, Q., and Innamincka, S.A., were thus brought into contact with the flying doctor at Cloncurry.

Morse, Bread and Teeth

At that time the outpost radio set could send only in Morse code. Reception was by voice as the base transmitter at Cloncurry was a powerful one. The nurses going to these mission hospitals had to learn to operate the radio sets and send messages by Morse, as well as learning to bake bread and pull teeth and many other things not thought of during their training in hospital.

The story of an A.I.M. nurse is well told in *Innamincka* by Elizabeth Burchill (Hodder & Stoughton, 1961). Sister Burchill graphically describes her struggles to master Morse code and the pedal-operated radio set; but she tells of the thrill when for the first time she was able to contact and consult with the doctor at Cloncurry 500 miles from Innamincka.

That was the start of the flying doctor story and the A.I.M. nurse played a vital part in it. The flying doctor was for her, and the A.I.M. nurses first showed how radio could be used and persuaded the at first unenthusiastic inland people to "give it a go".

Now the whole of the outback is covered by radio and flying doctors. The Royal Flying Doctor Service, which John Flynn founded, has twelve radio base stations. The Bush Church Aid Society has a radio base at Ceduna and there is another at Cairns operated by Cairns Ambulance. There are some fifteen hundred outpost radios which now all operate on batteries and voice and are as easy to use and as efficient as a telephone.

Radio consultation is an important function of the flying doctor. The Royal Flying Doctor Service has records of 11,000 radio consultations each year. Radio diagnosis is satisfactory and easy. The doctor uses the fingers and eyes of the person calling, to give information on which diagnosis is made. At each outpost is a standard medicine chest so that treatment may be prescribed after a case is diagnosed.

The small outback hospitals are mostly radio linked to the doctor and thus the doctor does his daily "ward round" by radio. The nurses also have their own radio consultations with outposts surrounding them, to save time for the doctor at the base. Many cases can be dealt with by the nurse, who will pass on necessary information to the doctor when he does his "radio ward round".

When the doctor decides the case cannot be satisfactorily diagnosed or treated by radio he can make a visit by plane or send the plane out to bring the patient to hospital.

On these occasions he may ask a nurse from the base hospital to go, but it is the usual policy of the Royal Flying Doctor Service for the doctor to go on all flights. There may be other people at the outpost glad of an opportunity to consult the doctor, there may be need of medical treatment before or during the flight, or if weather

conditions alter and make the return flight hazardous the pilot may wish to confer with the doctor to consider delaying departure.

Flights of the flying doctor planes are all governed by the Department of Civil Aviation and operate on schedules and rules as do regular airliners. Flying doctor planes do not ordinarily fly at night as they are not equipped for full instrument flight. Where it is a medical emergency the flight is undertaken under mercy flight regulations and the pilot may determine his course of action.

The other important function of the flying doctor is the routine clinic flight. This is a scheduled flight over a regular route and may extend over some days. Many places are visited including the small hospitals for which the flying doctor is "radio doctor".

Positive Health too

These flights are important positive health measures when medical check-ups are made, and inoculations, antenatal care, etc., given. At little personal inconvenience residents gather at the listed clinics and it becomes a social as well as a medical occasion.

Some flying doctors claim that they see every person in their area at least once each year, and that protection by inoculation is one hundred per cent.

The visit of the flying doctor to the small outback hospitals is a very busy time for the nurses. There are cases in hospital to be seen, operations to be done and crowds of outpatients to be attended. Also many of these people travel many miles and, of course, bring all the family and all must be given cups of tea and fed. Often the doctor and his pilot will stay the night at the hospital before setting out at dawn on the next leg of the clinic round.

Another activity of the flying doctor is the investigation of special medical problems. On these occasions a specialist may accompany the flying doctor and a nurse may be required to assist in various ways. One such investigation was of eye conditions in the Kimberley area of North Western Australia by Professor Ida Mann. As a result of this survey much was determined regarding a dreaded eye condition, trachoma.

Sometimes a special trip will be made for inoculation, of, for example, Salk polio vaccine. On such a trip a nurse would be an essential person in the team.

The Royal Flying Doctor Service is not a complete medical service in itself. It provides plane, pilot, radio and doctor. The hospital and nursing service is part of the general health organisation, but all co-operate in a co-ordinated service.

In the Northern Territory, except at Alice Springs, where the Royal Flying Doctor Service provides plane and radio, the service is all under the Commonwealth Government Northern Territory Medical Service. In this service and at Ceduna in the Flying Medical Service of Bush Church Aid Society nurses may have special flying or radio duties.

In the areas covered by the Royal Flying Doctor Service there are now no separate appointments for nurses,*

but, as in any medical service, nurses play an essential part, though employed by other organisations in this case.

In 1953-54 a flying sister, Sister Myra Blanch, was attached to the Broken Hill Flying Doctor base. She carried out important work and established a place for a visiting public health nurse in the outback. Though such appointments have not subsequently been made by the Royal Flying Doctor Service,* they have been made by the health department in some States.

In Western Australia, the public health nurse is playing an important part in the mass treatment which, it is anticipated, will eradicate trachoma.

No survey of the part played by nurses in outback Australia would be complete without reference to those nurses who married and remained outback. John Flynn had this possibility in mind when he set about establishing his Australian Inland Mission Hospitals. He saw that the great need of the inland was for women to go there and make homes and demand the amenities which the bachelor population was prepared to get along without.

The great change for the better brought about by John Flynn in his lifetime, was in no small measure due to that gallant band of pioneering women, many his own A.I.M. nurses, who settled and made homes in the outback.

* When writing this article last summer, Dr. Simpson was anxious to make it clear that, although the Royal Flying Doctor Service could not function without nurses, nurses could not join the Service. However, we subsequently heard from Dr. Simpson that a nurse is stationed at Darwin, Alice Springs, Mahathand and Derley Flying Doctor bases, who is primarily concerned with Flying Doctor activities and makes frequent flights.

Homecrafts for the Disabled

REPORTING on the first year's work of the Homecrafts Advisory Association for the Disabled, the chairman said: "It has proved that the latent skill among physically handicapped people can be guided and developed to equal the skill of any craftsman in the country".

The Association was started by a group who felt that there was much skill amongst handicapped workers which was not being used to full advantage.

In developing its work the Association aims to link it with local traditional crafts where possible, and hopes to stimulate new designs and the exchange of ideas.

Further particulars and details of membership may be obtained from the Homecrafts Advisory Association, 34 Eccleston Square, London, S.W.1.



A blind man made this prize-winning bed-room stool, shown at the Do-It-Yourself Exhibition

The Nursing of Old People

by ISABELLA M. KENYON, S.R.N., S.C.M., Q.N. cert.

THE nursing of old people has come to be regarded not as a privilege, but as a problem of almost insuperable magnitude. It is true that times have changed and we with them. Modern medicine, incorporated in the welfare state, has, if not quite discovered the secret of perpetual youth, at least found the means of prolonging life. Those who actually comprise the elderly belong to a period when these advances were unknown and are, therefore, not themselves a product of the age. They thus cling to the past in exact imitation of and as did their forebears.

May we hope that when we ourselves are old, in spite of an imposing number of years, we will be more adapted to the times in which we shall then live, because we shall have become accustomed to many things our elders do not and cannot allow themselves to regard as normal. For example, children are now born in or early acquainted with hospital life. Those who can claim four score years or more often have a greater fear of hospitalisation than their grandchildren. It is to us, I believe, to find the answer to happier living for the aged. Then will the unchanging commandment to honour father and mother regain its meaning and find a practical application.

Honour signifies respect. I venture to suggest that we no longer render to the aged the respect due to them. To our discredit. We live in an age of speed and of scientific discovery. Anything static or not openly exhibiting any sign of further service is discarded, earns our disdain. Contrariwise, stately homes, relics of a long-dead past, earn our veneration. Old masters change hands for the most fantastic figures. Old trees are preserved in national parks.

Refugees Take Precedence

The adequate care, nursing where necessary, of this honourable portion of the community should be regarded as a challenge by those of our generation. A challenge accepted is no longer a problem. We are at heart a noble race. We must rush to sponsor appeals, to welcome refugees. Are not the elderly in our midst a type of displaced person, a group of the community which our conscience ignores?

The elderly, that section of the population who, by reason of a natural process from which none is immune, are those whose powers, mental and physical, having known full maturity, are in the act of slowing down; in short, an adult who has lived his life, developed his personality, whose character has been influenced by early up-bringing, religion, occupation and the general wear and tear of living; someone who has achieved complete

independence and the right to that freedom to which he clings as much as to life itself. This is the person, these are the human beings whom we propose to help.

No one age-group can be adequately studied out of its context, that is except in relation to the structure of life as a whole. Childhood in relation to adolescence and manhood, manhood or maturity progressing naturally to old age. The necessity is evident of preparing during the prime of life for old age, just as in childhood and adolescence the human being is prepared for full development in maturity.

This preparation might be called the prophylactic care in the nursing of the elderly. And it is the responsibility of those who undertake this work: materially, by a wise provision for the years of retirement; spiritually, in a strengthening or rediscovery of religious conviction; mentally, in an awareness of what is to be expected and a courageous acceptance of facts; physically, in acknowledging that activities must be curtailed and in an honest endeavour to replace the more strenuous by physically less exacting but nonetheless interesting pursuits. Those who thus accept their new status by a wise preparation are more likely to make the transition naturally and happily. Consequently, there will be fewer emotional and mental upsets leading to confusion and abnormality in old age.

Not all old people require to be nursed in the clinically accepted sense. Growing old can be accomplished normally or abnormally. The first should be the continuation of a fruitful life to a logical conclusion. The rightful place for such a man is in his own home where his measure of freedom is greatest, he receives the respect rightfully due to him and happiness, as he understands it, is assured. All of which are of paramount importance to a well-balanced old age.

Where physical infirmity or the weight of years makes the caring for an ailing partner impossible, the next happiest solution is for the elderly couple to have a completely separate part of a house belonging to a son or daughter. This ensures help in time of need but does not interfere basically with the lives of either party. This is essential for the happiness of both. New wine does not go into old bottles and different generations do not co-habit successfully.

For those without relatives and who need more a helping hand rather than general nursing care, there are two solutions: (1) The old people may be cared for and nursed in their own homes; or (2) in motel-like houses. Both are similar and both require, in my opinion, the establishment of a comprehensive, efficient organisation comprising, amongst others, the following specialist services:

consultant geriatric physicians, health visitors, district nurses, assistant nurses, ancillary staff. All should have had special geriatric training and experience and should, in addition, have a Christian sense of the value of and an understanding of the work to be done.

In the motel-like houses the old people would have their own accommodation and belongings. There would also be communal dining and sitting rooms in order to encourage neighbourliness and prevent the feeling of isolation and loneliness. Otherwise, for so long as practicable, the house-holders would be encouraged to keep their independence, shopping and housekeeping for themselves. A helping hand would always be available either from staff or neighbours. Each morning and evening members of the staff would call on each householder to ascertain his requirements and, unobtrusively, to see that all was well.

Accommodation would include a laundry, hair-dressing and chiropody services, a sick bay (or infirmary) for those needing constant care. Local hospital authorities would co-operate in treatment beyond the scope of the premises, but householders would return after the acute stage of a severe illness. Advice would at all times be available concerning occupations. For those able and willing, employment according to their capabilities would be sought.

New Year Honours

Our congratulations to the following:

Miss Edith Francis—O.B.E., superintendent of the Bush Nursing Association, Australia.

Miss Francis was the author of last month's article: "In the Australian Bush".

Dr. R. G. Gibson—O.B.E., general practitioner member, Hampshire executive council local medical committee.

Miss L. A. Hawkes—O.B.E., sister in charge, Bush nursing home, McKinlay, Queensland.

Miss L. F. Nettlefold—O.B.E., for public services. Lately a member of the London County Council.

Now living in South Africa, Miss Nettlefold was formerly a member of the Queen's Institute council.

Dr. B. R. Nisbet—O.B.E., medical officer of health, Kilmarnock.

Dr. D. E. Parry-Pritchard—O.B.E., county medical officer of health, Caernarvonshire.

Dr. Parry-Pritchard is a member of the Queen's Institute council, general executive and joint sub-committees.

Miss Frances M. Davies—M.B.E., district nurse/midwife, Breconshire.

Miss Davies has been at Beulah, a scattered rural area, for forty-one years.

Mrs. E. Bickerton Edwards—M.B.E., county organiser, North Pembrokeshire W.V.S.

For many years Mrs. Bickerton Edwards has opened her garden in aid of The National Gardens Scheme.

Miss Catherine J. Owens—M.B.E., district nurse, Motueka, New Zealand.

Mrs. B. Craven—B.E.M., home help, Oldham.

The aim would be to provide home-like conditions. Anything approaching institutional care, so much dreaded by the present generation of old people, would be avoided at all costs. Organisation is necessary in any groupment, but this would be subtle, as much behind the scenes as possible. The householders themselves would set the pace, living their own lives in their own way as much as possible, with the pacifying knowledge that, should the need arise, help in any form would be forthcoming.

Insufficient Co-operation

For those living in their own homes, as well as eventually for those in motel-like households, I should like to see consultant services obtainable in the case of sudden grave illness, similar to our present nation-wide mobile obstetric units. Gradually, the aim would be to build up a team of geriatric specialist workers dealing with all the many aspects of old age. This would ensure better co-operation than at present exists. Those already working in this field know how difficult it is to co-ordinate the help available. So many elderly in their own homes remain in a pitiable condition, chiefly because there is inadequate co-operation between the general practitioners and district nursing services.

Such an organisation would considerably ease the burden at present imposed on our general and mental hospitals, by reducing through preventive therapy the number of those who, falling into the category of abnormal old age, occupy our hospital beds. Abnormal old age, with its very special problems, needs hospital care. This is being given in centres all over the country with very considerable understanding and success.

It is perhaps not inopportune, when reviewing the nursing of old people, to consider those who are to do that nursing. From the foregoing it will be evident that those who are going to accept this challenge of helping the elderly to happier living must be animated with a pioneer spirit. A spirit that is capable of seeing and taking what is good in a worn-out system and adapting what is good in the times in which we live, to a given set of circumstances, to the greater benefit of humanity.

In addition, a deep Christian faith on which to draw personally the strength for the task, and to communicate it to those whose life ebbs, in the form of consummate understanding of their needs. Expert knowledge of the many-sided aspects of old age are also requisite together with a wide experience in the field. It may be objected that once unskilled daughters provided the care that strangers now give. Today, for one reason or another, this is not the case.

In our time there is a wider gap between the generations. Youth has moved ecstatically with the times while old age has remained stationary. To bridge this gap there is today a need for a band of women who are motivated only by the highest ideals of a noble profession. In their skilful hands that most worthy group of our population, that which has borne the brunt of life's day, will be helped towards a happy and peaceful eventide.

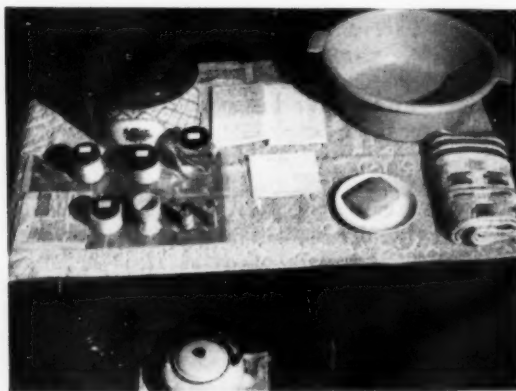
A FILMSTRIP FOR TEACHING NURSES AND PATIENTS



Seven types of insulin are now in use. B.S. 1619 is the standard insulin syringe and is strongly recommended by leading consultants and the British Diabetic Association. A record syringe should not be used, but if one is supplied the insulin must be measured on the cubic centimetre scale, avoiding the minims and making adjustments according to the marks on the scale



Diabetic patients should be instructed in the regular care of equipment, including sterilisation of syringe and needles once a week. Nurse is teaching Mrs. Appleby how to place the syringe in clean linen (to prevent breakage) in cold water, which is brought to the boil and boiled for five minutes. The sterile syringe and needles are placed in spirit-filled jars, the bottoms lined with lint to avoid blunting the needles



The patient is encouraged to have everything ready for the injection to save the nurse's time; but the lids of the jars should not be removed



Close-up after nurse has removed the lids: back, left to right: spirit swabs, needle in spirit, syringe in spirit; front, left to right: screw-top jar for freshly boiled water, egg cup to receive water after rinsing, insulin



While nurse washes her hands she talks to Mrs. Appleby. She then assembles the syringe and attaches the needle. Numbers 18 to 20 are the best for this purpose





Nurse rinses the syringe with freshly boiled water and cleans the tops of the insulin phials with spirit swabs which she discards. She then injects into the phials an amount of air equal to the dose of insulin to be given. Where soluble and protamine zinc insulin are mixed in the syringe, air should be injected first into the protamine zinc and then into the soluble, which is drawn up first



The insulin is drawn up. In many hospitals today a patient is stabilised on a mixed dose of insulin which should be drawn up immediately prior to the injection. It is advisable to discover the practice of the hospital concerned.

The site of the injection, which should be varied from day to day, is prepared with a spirit swab

The Management of Diabetes at Home

Although diabetes is a terrible affliction to the many people who suffer from it, with instruction and planning it is possible for sufferers to lead a normal, independent life without having to rely on continuous medical help. Patients should be encouraged to manage on their own whenever possible.

This filmstrip is designed in the first instance to assist nurses in the care of the diabetic patient at home; it can also be used for instructing patients themselves. It explains simply and in detail the necessary routine for injections, the care of equipment, types of insulin available and the use of Clinitest for urine testing. Although patients should plan the day so as to avoid breakdowns, the possibility of an emergency is also considered.

Adapted from the colour filmstrip prepared by the Queen's Institute of District Nursing in co-operation with the British Diabetic Association. The strip of thirty-seven frames, with teaching notes, is available from the producers, Camera Talks, 23 Denmark Place, London, W.C.2, price £2. 2s. 6d.



Points to note when giving the injection: the skin is stretched; the needle is inserted half-an-inch, leaving a quarter-inch above the skin as a precaution against breakage; the angle of the needle into the skin is 75 degrees; aspiration before injection is recommended; never inject into a resistant part of the skin. The syringe is carefully rinsed after use and replaced in spirit. The lids are tightly replaced on jars



Nurse records dosage and time of injection while Mrs. Appleby clears away. The urine must be tested regularly once a week, unless more frequent recordings are requested by the physician or the patient is unwell for any cause.

Nurse discusses diet with Mrs. Appleby. Some patients, especially those of limited means, need considerable help in planning their meals

NAME **MRS. LILY APPLEBY**
 ADDRESS **75 BIRCHFIELD HS.** Phone
POPLAR
 FAMILY DOCTOR **DR. SODFREY** Phone **EMS 5276**
 DIABETIC CLINIC **POPLAR HOSP.** Phone **EMS 1876**

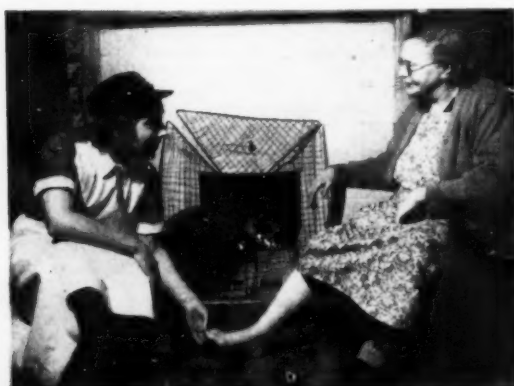
INSULIN Type:
 UNITS **MORNING SOLUBLE - 20**
EVENING ZINC. PROT 28

The bearer of this card is a diabetic and takes insulin. In the event of sudden confusion or faintness please give 2 full tablespoons of sugar in water and get the nearest doctor at once.

P.T.O.

ISSUED BY THE BRITISH DIABETIC ASSOCIATION
 133, HARLEY ST., LONDON, W.1.
 Phone: W1, BA 6001, 6556

Two sides of the diabetic card supplied by the British Diabetic Association. One side gives the patient's name and address, dosage of insulin and other details. On the reverse are particulars of first-aid treatment in insulin reaction. Some hospitals issue their own cards



Because of the danger of gangrene, the feet should be carefully inspected regularly and strict cleanliness advised. Sensible, well-fitting shoes should be worn to prevent sores and abrasions, and patients should attend a foot clinic.

Before she leaves, nurse satisfies herself that Mrs. Appleby always carries her diabetic card in her handbag, as well as some lumps of sugar or glucose sweets



Any diabetic who is physically and mentally able should be encouraged to give his own injection. Mr. Harrison accepts this as a simple routine job after shaving each morning. His syringe is kept in a spirit-proof case. Provided he shakes the syringe free from spirit, it is unnecessary to rinse it in boiled water. After use he replaces the syringe without dismantling it. Regular boiling of the syringe is necessary



Urine testing with the Clinitest apparatus is simple and efficient. It is important to note the points in this diagram. A card with full particulars is supplied with each set.

Holding the dropper upright, Mr. Harrison places five drops of urine in the test tube, rinses the dropper, adds ten drops of tap water and then drops in a Clinitest tablet. He watches the reaction until fifteen seconds after the boiling stops. He then gently shakes the test tube and compares it with the Clinitest colour scale, which indicates the percentage of sugar in the urine



Infant Welfare Centres

—Are they all they might be?

This month a health visitor tutor considers the problem

INFANT welfare centres will vary in their practical working from area to area all over the country, even though they are usually established on the same principle, that of helping mothers and babies. Different interpretations will be put on "helping" by different people. Accommodation available in a district as well as the staff and facilities which can be used will have some influence on the actual running of the centres.

There has been a traditional pattern of the infant being weighed, the weight recorded, and the mother advised in regard to the general progress of the infant by the health visitor and by the medical officer in attendance. It could be said that sometimes the status quo has been preserved out of all proportion to the changing needs of the community.

The Weighing Ceremony

My first experience of an infant welfare centre, some time ago, was of a large church hall, in the main room of which the benches were packed with mothers holding babies in their arms. Prams were parked at the other end of the hall. In an adjoining room, the sacrosanct weighing machine was presided over by two health visitors in white coats. The superintendent health visitor superintended in the big hall: the mothers came in in well regulated numbers, the babies were undressed, weighed by one health visitor, the weight entered in a notebook by the second health visitor.

The ebb and flow of mothers and babies was managed by a third health visitor who duly recorded the infant's weight on the record card from the notebook. The mother and baby then returned to the main hall and the selected number went in to see or be seen by the medical officer. No health visitor apart from the superintendent ever penetrated that room! Advice and teaching? No time for it there except in very, very brief snatches. Food selling was done by a clerk and only dried milk was sold, as far as I recollect only one brand too!

My last experience of an infant welfare centre was of one mainly staffed by extremely valuable voluntary helpers who kept the register, ran the small lending library, controlled the ebb and flow of mothers and babies, managed the undressing, dressing and potting department, weighed the babies, recorded the weight, and brought the mother and baby plus the weight card and record card to the health visitor.

In this instance the health visitor was in a strategic position so that she could see what was happening but nevertheless she could see and talk with each mother individually and for as long as seemed necessary, and herself decided who should see the medical officer.

Those who saw the medical officer were usually all those attending for the first time, as well as any one whom the doctor had asked to see or who seemed to need further advice.

In the doctor's room was another voluntary helper who recorded the interview, the whole record being discussed between the doctor and health visitor at the end of the session.

Many foods and extras were sold at the infant welfare centre, at the discretion of the doctor and health visitor. Occasional demonstrations were given at the centre, or special films shown and discussed, and evening classes were run by the health visitor in regard to various mothercraft subjects.

Having had the opportunity of, as it were, coming away from the trees and taking a good look at the wood, it does seem that some of that wood is perhaps dead, or that the trees need pruning. It seems to me imperative that the whole concept of the work done at infant welfare centres should be critically reviewed. Is so much weighing necessary? Is it not a faulty prop being given to the mothers, a false standard set up in their minds? It is a fact that in an area of a large local authority regular weighing at the infant welfare centre has been abolished and the health visitors are of the opinion that it is a great improvement. It has meant that group discussions, individual teaching, and interviews could be carried out in a more satisfactory way.

Is the M.O. really necessary?

As regards the medical officer, while undoubtedly there is a place for him or her, it is surely not necessary at every clinic session, though this again is already a feature of some centres.

The health visitor is fully equipped to understand the normal progress of the mother and baby, and by inference to recognise deviations from the normal. She will surely therefore be prepared to shoulder her professional responsibilities, realising her own value, the possible limitations of her field of work, and the scope and value of the work of her professional colleagues. **N.K.R.**

We would welcome reader's views on this subject

Letters should be addressed to: The Editor, District Nursing, 57 Lower Belgrave Street, London, S.W.1

ON THE HEALTH FRONT

PREVENTION OF JUVENILE DELINQUENCY

THE Minister of Health will open the annual conference of the National Association for Maternal and Child Welfare at Church House, Westminster, on Wednesday, 28th June. The three-day conference will include sessions on prevention of juvenile delinquency, home or hospital for sick children, psychological aspects of pregnancy and labour, and co-ordination of the existing services for children.

The conference fee is four guineas. Full details will be available from the Secretary, N.A.M.C.W., Tavistock House North, Tavistock Square, London, W.C.1.

DISPOSABLE NEEDLES



THESE needles are gas-sterilised in the pack as part of the manufacturing process. Each one is individually sealed inside a foil-and-plastics film pocket which ensures that it remains sterile right up to the moment of use. Record and lure mount needles come in cases of ten dozen. Manufacturers are S. & R. J. Everett & Co., Ltd.

MONEY MATTERS

A FIVE per cent salary increase for nurses and midwives in hospital and domiciliary services has been agreed by the Whitley Council. The increase dates from 1st December 1960. Board and lodging charges are not being increased.

TRUFOOD FOR JUNIOR

TRUFOOD have just introduced a new range called Junior Foods, designed for the transition from strained food to cut-up family meals. Junior Foods are chopped and have a coarse texture which encourages the child to chew and helps train him for adult meals.

Ready cooked, Junior Foods are packed in glass jars sealed with replaceable caps, and cost 1s. 3d. They will be in chemists' shops from the sixth of this month.

In recent months Trufood have issued revised editions of *Cradle Days*, their booklet for mothers, dealing chiefly with bottle feeding, and *A Guide to Trufood Products* which provides basic information on all their products for members of the medical and nursing professions. Copies may be obtained from 113 Newington Causeway, London, S.E.1.

SMOKING AND LUNG CANCER

SMOKING—*A Message from an M.O.H.* is a new booklet written by Dr. J. L. Burn, M.O.H. of Salford, in response to requests for something more detailed than other Chest and Heart Association leaflets, and suitable for those who like to read the facts for themselves.

Specimen copies, and further copies at 2d. each or 15s. per hundred, are obtainable from The Chest and Heart Association, Tavistock House North, Tavistock Square, London, W.C.1.

A THIRD HAND

THE HELPING HAND is almost a third, easily-manœuvred arm and hand for those who have difficulty in reaching, bending, and picking up. Basically a stick with a pistol-grip and trigger at one end and a claw at the other, the Helping Hand comes in several different models to meet various needs.

The Longreach model (32½ in. long, 39s.) is described as best for most people and ideal for those whose mobility is restricted, who are unable to bend down or who are confined to bed. Other models cater for those with weak hands, stiff fingers, and for patients who walk with a stick or crutches or who use a wheelchair.

The Helping Hand is available from any branch of Boots or Timothy Whites & Taylors; descriptive literature and price lists from The Helping Hand Company, Bransgore, Christchurch, Hampshire.

NEW EXHIBITION CENTRE

QUEEN Elizabeth The Queen Mother will open the Royal Society of Health's new health exhibition centre on 1st March.

The centre, designed to display the best current practice in all branches of public health, is said to be the only one of its kind in the world. It contains sections on clean air, communicable diseases, drainage and sewerage, food, health and welfare services, lighting, heating and ventilation, occupational health, pest control, public cleansing, radiation, sewage disposal, site planning and building construction, vital statistics and water.

From 8th March the centre will be open to all who are interested, free of charge, from 10.0 a.m. to 5.0 p.m., Monday to Friday.

the development of taste

A mother often wonders how soon her baby will enjoy the taste of his food, or make a face at something he doesn't like. A sense of flavour is essential in life, like seeing and hearing and feeling, but it is a sense which develops slowly and must be guided. That's where Twin-Pack comes in.

Scott's TWIN-PACK contains two separately packed cereals, two tempting flavours to teach a baby to recognise and enjoy variety. Two complementary cereals, oat and wheat, each providing body building protein in an easily digestible form. TWIN-PACK is more than just a Baby Food—it is a Baby Food which helps children develop that essential sense—taste.



Scott's Baby Cereal—**OAT**, consists of oat flour, malt extract, bone phosphate, calcium carbonate, dried yeast, salt, iron and ammonium citrate, manganese sulphate, copper sulphate and calciferol.

Scott's Baby Cereal—**WHEAT**, consists of wheat flour, malt extract, wheat germ, bone phosphate, calcium carbonate, dried yeast, salt, iron and ammonium citrate, manganese sulphate, copper sulphate and calciferol.

Scott's TWIN-PACK

BABY CEREAL



SURGICAL HOSIERY IS OUR SPECIALISED BUSINESS

The ENTIRE RANGE of N.H.S. Surgical
Hosiery is available from LASTONET PRODUCTS

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MEDIUM SUPPORT



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CARN BREA, REDRUTH, CORNWALL.

NURSING BOOKSHELF

District Nursing (third edition) by E. J. Merry and I. D. Irvén. (Baillière, Tindall and Cox, price 25s.)

The first edition of this comprehensive study of district nursing was yet another milestone in the development of district nursing. The revised edition is like an old friend in a new and attractive "jacket".

The chapters on district nursing are excellent, and will be specially useful to everyone concerned with the new district nurse training, and to the student district nurse, for whom it should make the acquisition of knowledge easy and pleasant, for it starts at the beginning, and in a logical and practical sequence presents all aspects of district nursing and the allied services.

A number of changes have taken place in the National Health Service since the authors revised this book, particularly in the field of mental health.

Chapters II and III are at times inaccurate, and it would be better to plan studies using books which specialise in these subjects:

Page 24, para. 3. County council can now give delegated powers to non-county borough.

Page 27. "Chief Clerk" in the diagram should read "Town Clerk" or "Clerk to the County Council", chief clerk being the term given to a clerk to a local authority officer, e.g. chief clerk to medical officer of health.

Page 27. *The Public Health Inspector.* "Most local health authorities appoint" should read "All local health authorities must appoint".

Page 28. "Sanatoria" now not an accepted term—chest hospital.

"Consultant Psychiatrist and Chief Mental Welfare Officer". The whole of this section is inaccurate, and readers are advised to find this information elsewhere.

Page 33. Day nurseries should be included under the service Care of Mothers and Young Children, and it seems inappropriate to mention them in this paragraph. "In some cases a charge is made" is rather misleading, as a charge is made for most children.

Page 42. The section on the duties of a midwife does not incorporate the amendments brought in last year.

Page 59. This section does not give an accurate picture of the mental health

service being developed under the Mental Health Act 1959, which had not been passed when the book was revised, and the terms here are no longer used.

No district nurse however should be without this book, because of the information it gives about district nursing and the district nurse. It could also with advantage be placed in all hospital libraries where nurses are trained.

M.B.N.

Modern Hygiene for Nurses by M. A. Priest. (William Heinemann Medical Books, Ltd., price 15s.)

THIS is a most useful little book at a reasonable cost, containing all essential information on hygiene for student nurses in a palatable form. The introductory chapter is specially recommended as it gives an interesting framework to the whole subject by relating it to the needs of the individual, and to his responsibilities as a citizen in matters of personal and communal health.

The section headings follow faithfully the syllabus for the General Nursing Council part I examination, with the addition of an excellent chapter on bacteriology and principles of asepsis. This necessitates some overlapping of material covered in a previous section on prevention of infection. The definitions given at the end of this latter section are particularly useful. One wishes that the short statutory list of notifiable diseases laid down in Public Health Act, 1936, had been included as well as the special list which is applicable to Bristol. Also no mention is made of the prophylactic use of anti-tetanus serum—surely an important omission.

In the section on housing there is a good short historical background, and emphasis is laid on the importance of a good "home" as well as on a well-constructed building. Perhaps in the next edition the modern method of heating by means of electrically heated floors or wall panels could be included.

The paragraph headed Local Health Authority is rather misleading as it deals only with the maternity services provided. The personal and other preventive services of the local health authority are

dealt with briefly under separate headings, and some are omitted, e.g., tuberculosis and the work of the almoner in the public health field.

The book is written in a clear, simple style. It has excellent paragraph headings and useful illustrations and diagrams, making it a good text book for student nurses, and a valuable quick reference book for revision for health visitor students. It would also be interesting and informative reading for the lay public.

J.K.W.

obituary

Miss Constance Pilkington

THE Queen's Institute of District Nursing has lost a great friend in the passing of Miss Constance Pilkington, on 2nd December 1960 at the age of eighty-six.

Miss Pilkington was a noble woman, and had great affection and interest for all fields of Queen's nursing, and has left an indelible impression on all who were privileged to work with her. Her work for the district nursing service was made outstanding by her knowledge of the service and conditions.

Her interest in the St. Helens District Nursing Association dates back to 1906, and for many years she was chairman of the executive committee. After the death of the Countess of Derby, Miss Pilkington succeeded her as patron of the Association.

Miss Pilkington's integrity, and the kind of wisdom which is only given to the good, will ever be remembered by all of us of the St. Helens District Nursing Association.

E.G.

Miss Margaret Davidson

IT is with regret that the death of Miss Margaret Davidson, Queen's nurse, Dunning, Perthshire, is recorded. Miss Davidson died on 13th December 1960 following an operation in August 1959. She had given approximately twelve years' service as a Queen's nurse and had worked in the Kirkcaldy, Annbank, Alloa and Dunning areas. Her services were greatly appreciated.

Correspondence

Central Sterile Supply Services

I read with much interest and some concern your editorial on central sterile syringe services, in the January issue.

In my authority we considered this matter some years ago and have kept the situation under constant review since, but have decided against the service for the following reasons:

1. In all the years since detailed records have been kept there has not been one single case of hepatitis in a patient who has had injections over a long period of time. Of course no one is in a position to remark on short-term injection cases because of the long incubation period of the disease, but we do have some 15,000 completed cases where injections have been given every year in addition to the current cases.

This, at a most conservative estimate, must mean at least 200,000 injections each year. In only one instance have I even heard of an abscess which *might* have been caused by the injection given.

2. Any time saved would be wasted in collecting and distributing syringes.
3. The nurses would need two techniques, one for the sterile pack and one for the boiling of another syringe for the unexpected case. This could be very confusing and an unnecessary addition to the training schedule. All the extra syringes would add to the amount of equipment to be carried.

4. When would the nurse have time to say the extra word of comfort and cheer to the patient, and even more important, have time to listen to the patient?

On this latter subject I feel very strongly that we are in danger of making our nurses into mere technicians. We try to cut down to the bone the time spent on every job she does, consequently, she goes through the day feeling constantly pushed and oppressed by the work she has to do and the time available in which it must be done. I am sure this is bad for the nurse herself both physically and mentally, but it is a tragedy for the patients whose need is often greater for some kindly understanding rather than for super skills. Furthermore, we pay lip service to the importance of health education; surely this is a responsibility of every single member of the health team who comes in contact with the patient, not least the district nurse, yet we are now getting anxious to snatch away the few minutes spent boiling a syringe which can be

Queen's Nurses Personnel Changes

APPOINTMENTS

Superintendents, etc.

Baker, D. E., Asst. Supt., Reading—Bright, J. A., Asst. Supt., Kensington—Farrall, M. M., Dep. S.N.O., Flints.—Parnell, J. W., Asst. Supt., East London—Roberts, G. J., Asst. Supt., Liverpool—Thistlethwaite, M., Supt., Salford—White, E. M., Asst. Supt., Liverpool.

Nurses

Capp, M. J., Kent—Davies, P. E., Middx., Area IX—Haines, Mrs. H. P., Warcs.—Jones, V. M., H.L.V.N.S. Jamaica—McCullagh, G. M., Birmingham—Parkin, E., Bradford—Thomson, J. H., Essex—Tolley, J. K., Bournemouth—Watts, E., Westmorland.

LEAVE OF ABSENCE

Battersby, F., H.V. trg.—Roberts, E., mid. trg.

REJOINERS

Beaston, Mrs. N., Burnley—Bousfield, R. H., Glos.—Boyes, K. M., Yorks., N. Riding—Burgess, Mrs. P. M., W. Sussex—Burt, Mrs. C. G., Worcs.—Cartwright, M. J., Worcs.—Cobby, Mr. Fred, Middx., Area I—Dowling, Mrs. S. S., Birmingham—Fitzgerald, M. E., Kilburn—Halliwell, J., Lancs.—Hatt, Mrs. A., Kent—Isitt, A. M. R., Kilburn—James, Mrs. L. M., East Ham—Judge, B. E., Berks.—Lockhart, E. A., Yorks., N. Riding—Rawlinson, W., Lancs., Div. 9—Roberts, E. M., Caerns.—Smith, D. P., Isle of Ely—Wilson, Mrs. E., Notts.

RESIGNATIONS

Ashworth, M., personal—Askam, Mrs. E., other work—Bentley, I., personal—Douglas, B., other work—Edmonds, Mrs. H., personal—Egner, Mrs. A. K., personal—Finnie, Mrs. A., personal—Fraser, F. P., work in Canada—Golton, M. H., marriage—Grossart, M. S., school nurse—Haerle, M. M., other work—Hanson, K. M., personal—Higginson, L. F., personal—Hill,

E. K., personal—Hockney, M., work abroad—Hookers, Mrs. J., marriage—Inston, D. J., personal—Jones, G. M., marriage—Kent, D. E., hospital post—Kilgannon, D. I., personal—Kirkby, P., work abroad—Kopeck, E. E., personal—McCalmont, E. M., work in Canada—McCormack, E. M., work abroad—McSweeney, M. T., work in Trinidad—Marsden, P. A., domestic—Martin, D. M., personal—Matthews, Mrs. G., domestic—Peckham, S. M., retirement—Pritchard, M. R., work abroad—Purchase, E. J., personal—Tomlinson, Mrs. B., domestic—Yandall, E. E., personal.

SCOTTISH BRANCH

APPOINTMENTS

Superintendents, etc.

McCuish, J., Glasgow, Bath St., Asst. Supt.—Young, J. C. (rejoinder), Perthshire, Asst. C.N.O.

Nurses

Duncan, W. B., Fair Isle—Gisbey, M., Stevenston—Howie, I., Gourrock—Hunter, E. L., Gaudry—Thomson, A. E., North Berwick.

RESIGNATIONS

Archibald, H. W., Barrhead, retirement—Carney, M., Glenboig, retirement—Coutts, E. G., Glasgow (Strathbungo), marriage—Gillies, M. J., Ardishaig, marriage—Loynds, Mrs. J., Edinburgh, home reasons—McCallum, A., Niddrie, retirement—McCauley, A. J., Late of Irvine, marriage—MacDonald, J. A., Inverness, marriage—MacKenzie, Mrs. E. B., Ross-shire C.R.N., marriage—Ogilvie, Mrs. R., Gaudry, home reasons—Robertson, J. P., Bearsden, work abroad—Taylor, D., Symington, retirement—Veitch, M. L., Ayr, other work: part II midwifery training—Wilson, Mrs. M., Ayr, home reasons.

SECONDED FOR WORK ABROAD

Grassick, J. F., Malta

used to such good purpose by the nurse.

If someone is prepared to supply our nurses with pre-packed and sterile dressings at a reasonable cost, we should be delighted, but not sterile syringes please!

Lucy Jones

County Superintendent

14 Wheatshaf Avenue
Longridge, Lancashire

(While we feel that this correspondent has missed some points made in the editorial, her letter emphasises the need for a nurse to be relieved of mechanical procedures in the background, the importance of not increasing her case load so that she can spend more time with each patient, and the importance of not using her as a porter.—Editor.)

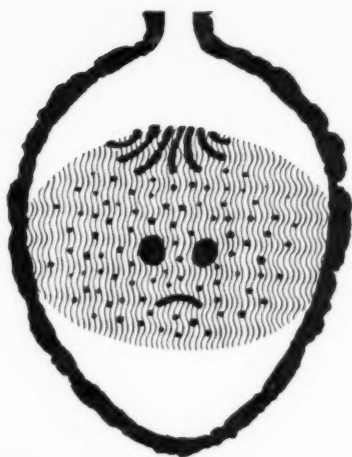
Lord Moynihn

WE have been asked to make it clear that the resignation of Lord Moynihn from the honorary treasurer-ship of the Queen's Institute and from its finance and investment sub-committees (*District Nursing* January 1961, page 235), does not take effect until April when the term of office of the present council comes to an end.

Association of District Nurses BUCKS AND OXON

THE November meeting was held on Tuesday 1st November at 39 Banbury Road, Oxford (by kind permission of Miss H. Longhurst).

A short general meeting was followed by a very interesting talk on the new Mental Health Act. This was appropriate on the day the Act came into force. H.Y.W.



VITAVEL SYRUP and BEMAX are products of Vitamins Limited

Infective conditions in children

The febrile child suffers not only from the basic infection, but also from its toxic effects. For treatment of the debility and loss of appetite arising from the malaise, VITAVEL SYRUP is eminently suitable. It provides the vitamins which are not only needed in greater amounts but may well be lacking in the restricted diet of the febrile state.




One fluid ounce contains:—
VITAMIN A.....20,000 I.U.
VITAMIN D₂ B.P.....3,000 I.U.
VITAMIN B₁ B.P.....4 m.g.
VITAMIN C B.P.....80 m.g.
PURIFIED GLUCOSE B.P. 25% W/V.

in an attractive
orange juice base



BEMAX is especially suitable for children on the restricted diets taken during illness and convalescence, where its high protein and vitamin contents make a valuable contribution towards recovery.

 Vitamins Limited, Upper Mall, London, W.6.



The most efficient antiseptic solution —used in hospitals throughout the country

Savlon Liquid Antiseptic has unparalleled activity against bacteria. It contains the bacteriologist's best antiseptic together with the surgeon's best detergent. Savlon can play a most important role in preventing the spread of infection. It is the ideal antiseptic for use in midwifery, for first aid, in the home and for personal hygiene. Available in bottles of 6 fl. oz. and 12 fl. oz. Literature and further information available on request.

For security, use

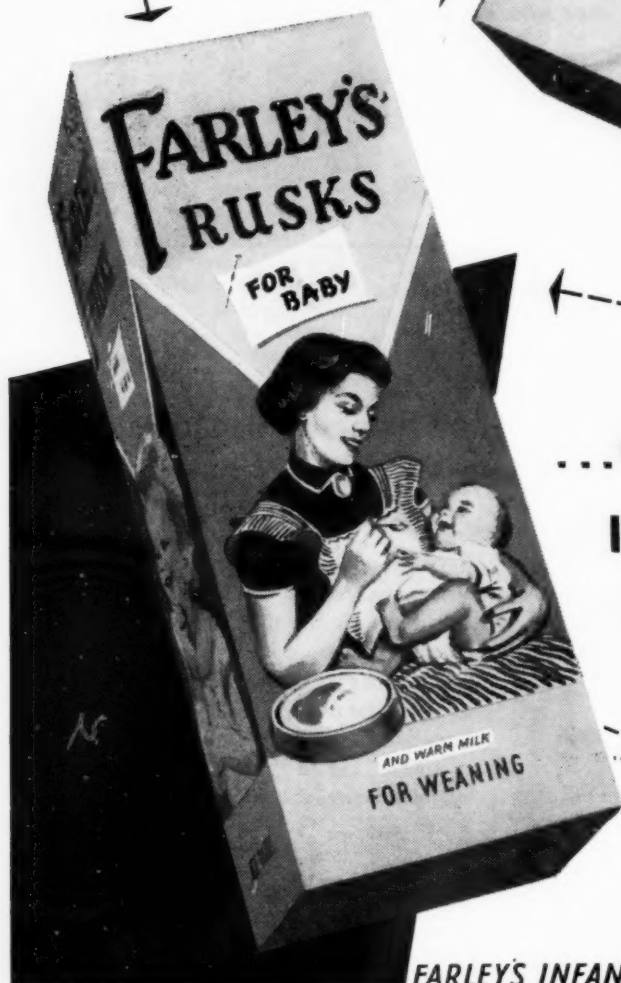
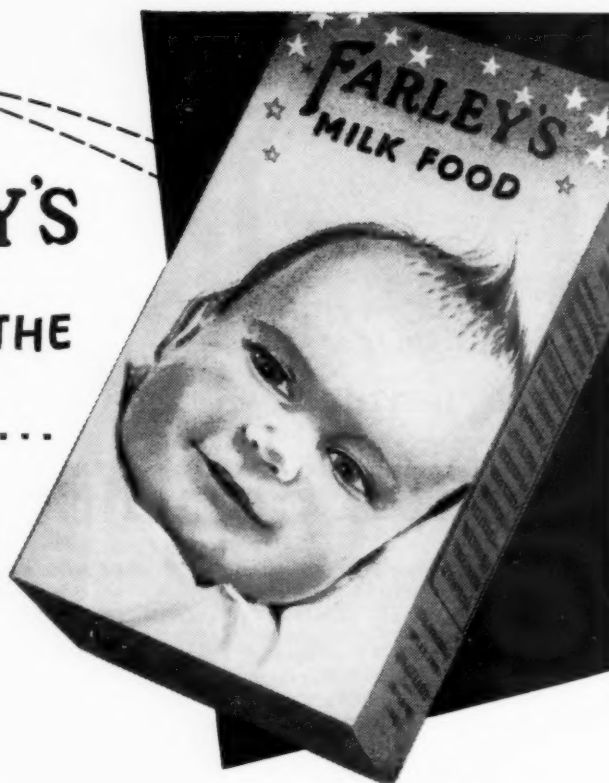
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LIQUID ANTISEPTIC

Also available to hospitals as Savlon Hospital Concentrate (a 5 X concentrate).

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THROUGH THE
STAGES...



...OF
**INFANT
FEEDING**

FARLEY'S INFANT FOOD LTD. PLYMOUTH, DEVON

CLASSIFIED ADVERTISEMENTS

Advertisements for this section can be received up to first post on the 2nd of the month for publication on the 10th. They should be sent direct to: District Nursing, 57 Lower Belgrave Street, London, S.W.1. Telephone Sloane 0355.
Rates: Displayed Setting: 17s. 6d. per single column inch: £2 per double column inch. Personal, 2½d. per word (minimum 12 words, 2s. 6d.): all other sections, 3d. per word (minimum, 12 words 3s.). Ruled border 5s. extra

CUMBERLAND COUNTY COUNCIL

(Affiliated to the Queen's Institute of District Nursing)

- (1) **Health Visitors for West Cumberland**
 - (a) **Whitehaven**—One required. Combined duties.
 - (b) **Cleator Moor**—One required. Combined duties.
- (2) **District Nurse/Midwife/Health Visitors**
 - (a) **Wigton**—One required.
 - (b) **Greystoke** (Ullswater area)—One required.
 - (c) **Ireby**—One required.
 - (d) **Alston**—Two required.
 - (e) **Threlkeld** (near Keswick)—One required.
- (3) **District Nurse/Midwives for Maryport**—Two required.
- (4) **District Midwife for Millom**—One required. New flat available shortly. Furnished or unfurnished houses available in all cases except under (1). Cars will be provided for all the above appointments. District Training will be an advantage in all cases except under (1).
- (5) **Queen's District Training**—Applications are invited from nurses S.R.N., S.C.M., wishing to work as district nurse/midwives in Cumberland. Arrangements can be made for them to take three or four months' training at an approved Queen's Nurses' Training Home. Further particulars and application forms obtainable from the County Medical Officer, 11 Portland Square, Carlisle.

ARGYLL COUNTY COUNCIL

Argyll County Council invite applications from Nurses for appointment as District Nursing Sisters at—
Port Ellen (Isle of Islay)—Vacant 1st February 1961;
Bowmore (Isle of Islay)—Vacant at a date to be arranged.
Fully furnished houses provided and cars supplied.
Further particulars may be obtained from County Medical Officer, Health and Welfare Department, Oban, to whom application should be made.

SALOP COUNTY COUNCIL

Assistant Superintendent Nursing Officer
Applications are invited from experienced Nurse-Midwives, qualified as Supervisors, for a superannuable post of Assistant Superintendent Nursing Officer. Experience in Home Nursing, Midwifery and Health Visiting essential. Possession of car an advantage. Unfurnished flat available. Salary according to Whitley Scale.
Application forms, further particulars and conditions of service, may be obtained from the undersigned to whom applications should be submitted.
T. S. HALL
County Medical Officer of Health
County Health Office,
College Hill,
Shrewsbury

NORFOLK COUNTY COUNCIL

Vacancies now exist in the following areas:
District Nurse/Midwife/Health Visitor
Blofield. Pleasant rural area 7 miles Norwich. Furnished accommodation for time being.
Dickleburgh. Near Diss. Furnished accommodation.
Feltwell. Adjoining Fen area. Nurse's house available.
Hockham. Near Thetford. Rural and beautiful. Nurse's house nearing completion.
Neatishead. Vicinity of Barton Turf Broad. New nurse's house being built.
Raveningham. 10 miles Norwich. House provided.
Stoke Holy Cross. 5 miles Norwich. Attractive countryside. House provided.
District Nurse/Midwife
Gayton. Near King's Lynn. House available.
Terrington St. John. Between King's Lynn and Wisbech. New nurse's house.
Wymondham. 9 miles Norwich. 2 required. House provided or arrangement to live separately.
Nurses should be motorists and may use their own cars (loans available for purchase) or cars can be provided. Assistance given to applicants who require driving tuition. House furnished if required.
Grant towards moving expenses will be paid.
Staff needed for relief duties, holidays and longer periods—must be mobile.
Application forms from County Medical Officer, 29 Thorpe Road, Norwich, Norfolk, NOR 01T.

Health Visitor Scholarships

Facilities available for Health Visitor training for full-time and generalised appointments.

Queen's Nurse Training

Courses arranged for State Registered Nurses (usually with S.C.M. Certificates) for work in the County.

WESTMORLAND COUNTY COUNCIL NURSING SERVICES

Arnside. District nurse/midwife/health visitor required for this small coastal resort in South Westmorland. House and car provided.
Levens. District nurse/midwife/health visitor required for rural area in South Westmorland. House and car provided.
Kendal. Health visitor/midwife required—one of two undertaking this work. House and car provided.
For further details and application forms apply to County Medical Officer, County Hall, Kendal.

CITY OF NORWICH District Nursing Service

Superintendent (non-resident) required. Salary £775 × £30(4) to £895 per annum, plus car allowance. Possession of Queen's and Health Visitor's Certificates desirable. Flat available.
Particulars and application form from The Medical Officer of Health, 68 St. Giles' Street, Norwich. NOR 22 E.

WARWICKSHIRE COUNTY COUNCIL

Applications are invited for the undermentioned vacancies. Where house or other accommodation available this can be either furnished or unfurnished. Consideration will be given to the granting of financial assistance towards removal expenses and for driving tuition. Motorists can receive allowance for own car or car will be provided.

District Nurses, District Midwives, District Nurse/Midwives

Area 1—Sutton Coldfield (town)—midwife. Motorist. Accommodation.
Area 3—Rugby (town)—two district midwives. Motorists. Flats, one suitable for friends to share.
Dunchurch and District (rural and town)—District nurse/midwife. Motorist. house in Dunchurch.
Area 4—Coleshill and District (urban and rural)—District nurse/midwife. Motorist. Flat.
Kingshurst (urban)—District nurse/midwife. Motorist. House.
Area 7—Stratford-on-Avon (town)—District nurse/midwife. Motorist. House.
District Nurse/Midwife/Health Visitors
Area 3—Birdingbury (rural)—One required. Motorist. Modern flat.
Area 4—Berkswell (rural)—One required. Motorist. Part house.
Area 6—Fenny Compton (rural)—One required. Motorist. Part house.

Health Visitors

Area 1—Sutton Coldfield (town)—Two required. Motorists. Furnished flat for one.
Area 2—Bedworth (urban)—One required. Motorist.
Nuneaton (town)—one required—motorist. Accommodation.
Area 3—Rugby (town)—One required. Motorist.
Area 5—Solihull (town)—Three required. Motorists. Accommodation.
Application forms and full particulars may be obtained from the Area Medical Officer as follows:
Area 1—Health Department, Council House, Sutton Coldfield. Area 2—Health Department, Council House, Nuneaton. Area 3—Health Department, Albert House, Albert Street, Rugby. Area 4—Health Department, Park Road, Coleshill, Birmingham. Area 5—Health Department, 69 New Road, Solihull. Area 6—38 Holly Walk, Leamington Spa. Area 7—Health Department, Arden Street, Stratford-on-Avon.
The Council is a member of the Queen's Institute of District Nursing.

L. EDGAR STEPHENS
Clerk of the Council

Shire Hall,
Warwick.
2nd January 1961

GLOUCESTER DISTRICT NURSING SOCIETY

Domiciliary Midwife wanted for Part II Midwifery Training School.
For particulars apply to: The Superintendent, 14 Clarence Street, Gloucester.

Other Advertisements on p. 268

BRECONSHIRE COUNTY COUNCIL
Public Health Department

Applications are invited for the following posts which have or will become vacant on account of re-organisation of Nursing Areas and to replace existing staff due to retire.

(1) Health Visitor/School Nurse

(a) Builth Rural (Llanwrtyd and Beulah Areas)

(2) District Nurse/Midwife

(a) Brecon Urban and Rural Area (Talybont district)

(b) Hay Urban and Rural Area (including Llanigon)

(c) Builth Rural (Llanwrtyd and Beulah Areas)

(3) District Nurse/Midwife—Area Relief (Permanent)

(a) Brecon Urban and Rural Area

Applicants for the Health Visitor's appointment must be qualified Health Visitors, and applicants for the other appointments must be S.R.N. and S.C.M. with or without district training.

Scholarships are offered to suitably qualified nurses for training as Queen's Nurses and/or Health Visitors.

These District Councils do all they can to see that nurses in their areas are allocated houses. Houses are immediately available for the District Relief Nurse/Midwife and the District Nurse/Midwife for the Hay Urban and Rural area.

Forms of application and further particulars can be obtained from the County Medical Officer, Health Department, Watton Offices, Brecon, and should be returned within two weeks of the appearance of this advertisement.

EAST LoTHIAN COUNTY COUNCIL

District Nurse, Gullane

Applications are invited for post of District Nurse in Gullane area. Applicants should have training of Q.I.D.N. and preferably be able to drive a car. Salary and conditions on national scales and furnished accommodation provided at appropriate deduction.

Applications to County Medical Officer, County Buildings, Haddington, within fourteen days.

THE GLASGOW DISTRICT NURSING ASSOCIATION

Affiliated with the Queen's Institute of District Nursing, Scottish Branch

Applications are invited from experienced Queen's Nursing Sisters willing to take the Course commencing September 1961 for the District Nurse Tutor's Certificate, and subsequently teach with the above Association. Applicants should be State Certified Midwives and hold the Health Visitor's Certificate. Applications not later than 17th February.

Further particulars may be obtained from the Senior Superintendent, Glasgow District Nursing Association, Room 32, 40 Cochrane Street, Glasgow, C.1.

A holiday for two or three weeks is offered at Champney House, Pembury Road, Tunbridge Wells, by John E. Champney's Trust. The Home is endowed by the Trust so that the charge is reduced to 4½ guineas a week. Teachers, Nurses, Ministers of Religion, Social Workers and other persons in active life, especially younger people, are invited to apply for particulars to the Warden at the above address.

**CORPORATION OF
THE CITY OF GLASGOW AND
GLASGOW DISTRICT NURSING
ASSOCIATION**

**Integrated Course of Training for
Health Visiting and District Nursing**

Applications are invited from Registered General Nurses and State Certified Midwives who wish to take the above "Integrated Course".

The training period will cover one year and will incorporate the syllabus of the Royal Sanitary Association of Scotland and the Queen's Institute of District Nursing.

The Course will commence in July 1961.

Application forms and further particulars may be obtained from the Medical Officer of Health, 23 Montrose Street, Glasgow, C.1.

**HEREFORDSHIRE COUNTY
COUNCIL**

Training Scholarships

Scholarships are offered at recognised training centres for:

Combined Health Visitor/District Training—For S.R.N., S.C.M. Generalised duties, home nursing, midwifery and health visiting to follow for two years on completion of training. Grant during Health Visitor's training of 75 per cent of minimum of Health Visitor's salary scale plus tuition and examination fees.

District Training—For S.R.N., S.C.M. Combined home nursing/midwifery duties to follow for twelve months on completion of training.

Appointments

Applications are invited for the following appointments:

District Nurse/Midwives

District Nurse/Midwife/Health Visitors
(Duties according to qualifications)

Holmer II—between Hereford and Leominster. House to be provided.

Leominster—new house in course of erection.

Pontrilas—Monmouthshire border. New house, furnished or unfurnished.

Ross-on-Wye—own living arrangements.

Candidates for these appointments should be motorists—car provided or allowance for own car.

Health Visitor/School Nurse

Hereford—own living arrangements.

District Nurse/Midwife or District Midwife

Hereford—modern house, furnished or unfurnished. Motorist or cyclist.

Application forms and terms of scholarships and appointments may be obtained from the County Medical Officer, 35, Bridge Street, Hereford.

**MIDDLESEX COUNTY COUNCIL
COUNTY HEALTH DEPARTMENT**

Home Nurse/Midwife required in Area 4 (Finchley and Hendon). Must be S.C.M. and S.R.N., preferably district trained. May be required to reside in Midwives' Home and charged for board and lodging. N.M.C. salary, plus London Weighting. Established. Prescribed conditions. Particulars and two referees to Area Medical Officer, Town Hall, Hendon, N.W.4 by 28th February (quote F.222 D.N.J.).

**QUEEN'S INSTITUTE
OF DISTRICT NURSING
Health Visitor and District Nurse
Training Courses
1961-1962**

Health Visitor Course.

1. Nine months' course approved by the Minister of Health to prepare students for the health visitor's examination of the Royal Society of Health. Courses are held at the Bolton and Brighton Technical Colleges and begin in September.

District Nurse and Health Visitor Course.

2. Courses covering thirteen months to prepare students for:

(a) The national certificate of the Ministry of Health and the certificate of the Queen's Institute (district nursing).

(b) The certificate of the Royal Society of Health (health visiting).

Three months' course in district nursing is taken at approved centres, beginning May/June 1961, and may be followed immediately by nine months' health visitor course beginning in September 1961.

Further information and details may be obtained from the organising tutors at:

1. Bolton Technical College, Manchester Road, Bolton;

2. Arts and Social Studies Department, Brighton Technical College, 237 Preston Road, Brighton.

**QUEEN'S INSTITUTE
OF DISTRICT NURSING**

William Rathbone Staff College

Course in Community Health Administration

Applications are invited from General State Registered Nurses who are (a) district nurses, midwives or health visitors with at least three years' experience in the field; or (b) hospital sisters with at least three years' post-certificate experience who wish to gain a wider knowledge of public health nursing, for the Course in Community Health Administration beginning on Wednesday, 12th April, 1961. Scholarships are available for nurses from Co. Durham, Sunderland, London and other areas.

Further details may be obtained from The Principal, William Rathbone Staff College, 1 Princes Road, Liverpool 8.

**COUNTY BOROUGH OF
SOUTHEND-ON-SEA**

Student Health Visitors

Tuition grant together with a salary of £491. 5s. per annum during training. One year's post-certificate engagement at Whitely Council salary. Free choice of training school. Applications invited for appointment in April next. Applicants must be S.R.N. and C.M.B. (Part 1). Particulars and forms of application from the Medical Officer of Health, Warrior Square, Southend-on-Sea.

ARCHIBALD GLEN,
Town Clerk

NEW AUSTIN CARS

Reduced Hire Purchase and Insurance rates to members of Nursing Profession. Seven, A.40 and A.55 Saloons from £108 1s 4d down, 36 monthly instalments £14 4s 7d. Also Morris Minor and Mini-Minor Saloons. Free Brochures. Austin House (D.N.), Highfield, London, N.W.11.

For obstetrics and prevention of cross infection

Dettol Antiseptic Cream is a new and highly germicidal preparation, particularly useful in midwifery for preparation of patients, for disinfection of the hands and gloved hands, and for examinations. It has excellent lubricant properties.

In general hospital practice it provides a valuable defence against cross infection between patients, having rapid bactericidal effect against a wide range of micro-organisms when applied to the skin, and is pleasant and bland in use.

Dettol Antiseptic Cream also nourishes the skin and keeps it soft and supple. Applied to the hands after washing, it replaces essential fats removed by constant washing.

In 3 oz. tubes; (price 3/-). 4 oz. plastic squeeze bottles; (price 4/-). and 1 lb. and 10 lb. jars.

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Antiseptic CREAM

Samples and literature available

on request from RECKITT & SONS LTD., (PHARMACEUTICAL DEPARTMENT), HULL.



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FOR YOU**

NURSES' COATS—

MEDIUM, SUMMER AND WINTER WEIGHTS,
SUITS, BLAZERS, ALL WOOL RAINCOATS,
RUBBERISED AND NYLON MACS

DRESSES, APRONS, OVERALLS, COLLARS—
TRUBENISED, FUSED, FOUR FOLD, ETC.,
CUFFS AND BELTS.

HATS, CAPS—INDOOR AND OUTDOOR,
STOCKINGS. IN FACT EVERYTHING
FOR THE NURSE.

OF ONLY THE FINEST QUALITY

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Egerton Burnetts

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